



Senate

General Assembly

File No. 709

January Session, 2015

Substitute Senate Bill No. 999

Senate, April 16, 2015

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

**AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING EMERGENCY MEDICAL
SERVICES.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2015*) A provider, as defined in
2 section 19a-175 of the general statutes, as amended by this act, who
3 holds the highest classification of licensure or certification from the
4 Department of Public Health under chapters 368d and 384d of the
5 general statutes shall be responsible for making decisions concerning
6 patient care on the scene of an emergency medical call. If two or more
7 providers on such scene hold the same licensure or certification
8 classification, the provider for the primary service area responder, as
9 defined in said section, shall be responsible for making such decisions.
10 If all providers on such scene are emergency medical technicians or
11 emergency medical responders, as defined in said section, the
12 emergency medical service organization providing transportation
13 services shall be responsible for making such decisions. A provider on
14 the scene of an emergency medical call who has undertaken decision-

15 making responsibility for patient care shall transfer patient care to a
16 provider with a higher classification of licensure or certification upon
17 such provider's arrival on the scene. All providers on the scene shall
18 ensure such transfer takes place in a timely and orderly manner.
19 Nothing in this section shall be construed to limit the authority of a fire
20 chief or fire officer-in-charge under section 7-313e of the general
21 statutes to control and direct emergency activities at the scene of an
22 emergency.

23 Sec. 2. Subdivision (8) of section 19a-177 of the general statutes is
24 repealed and the following is substituted in lieu thereof (*Effective*
25 *October 1, 2015*):

26 (8) (A) [Not later than October 1, 2001, develop or cause to be
27 developed a data collection system that will follow a patient from
28 initial entry into the emergency medical service system through arrival
29 at the emergency room and, within available appropriations, may
30 expand the data collection system to include clinical treatment and
31 patient outcome data. The commissioner shall, on a quarterly basis,
32 collect the following information] Develop an emergency medical
33 services data collection system. Each emergency medical service
34 organization licensed or certified pursuant to chapter 386d shall
35 submit data to the commissioner, on a quarterly basis, from each
36 licensed ambulance service, certified ambulance service or paramedic
37 intercept service that provides emergency medical services. Such
38 submitted data shall include, but not be limited to: (i) The total number
39 of calls for emergency medical services received by such licensed
40 ambulance service, certified ambulance service or paramedic intercept
41 service through the 9-1-1 system during the reporting period; (ii) each
42 level of emergency medical services, as defined in regulations adopted
43 pursuant to section 19a-179, as amended by this act, required for each
44 such call; (iii) the response time for each licensed ambulance service,
45 certified ambulance service or paramedic intercept service during the
46 reporting period; (iv) the number of passed calls, cancelled calls and
47 mutual aid calls during the reporting period; and (v) for the reporting
48 period, the prehospital data for the nonscheduled transport of patients

49 required by regulations adopted pursuant to subdivision (6) of this
50 section. The [information] data required under this subdivision may be
51 submitted in any written or electronic form selected by such licensed
52 ambulance service, certified ambulance service or paramedic intercept
53 service and approved by the commissioner, provided the
54 commissioner shall take into consideration the needs of such licensed
55 ambulance service, certified ambulance service or paramedic intercept
56 service in approving such written or electronic form. The
57 commissioner may conduct an audit of any such licensed ambulance
58 service, certified ambulance service or paramedic intercept service as
59 the commissioner deems necessary in order to verify the accuracy of
60 such reported [information] data.

61 (B) The commissioner shall prepare a report to the Emergency
62 Medical Services Advisory Board, established pursuant to section 19a-
63 178a, that shall include, but not be limited to, the following
64 [information] data: (i) The total number of calls for emergency medical
65 services received during the reporting year by each licensed
66 ambulance service, certified ambulance service or paramedic intercept
67 service; (ii) the level of emergency medical services required for each
68 such call; (iii) the name of the provider of each such level of emergency
69 medical services furnished during the reporting year; (iv) the response
70 time, by time ranges or fractile response times, for each licensed
71 ambulance service, certified ambulance service or paramedic intercept
72 service, using a common definition of response time, as provided in
73 regulations adopted pursuant to section 19a-179, as amended by this
74 act; and (v) the number of passed calls, cancelled calls and mutual aid
75 calls during the reporting year. The commissioner shall prepare such
76 report in a format that categorizes such [information] data for each
77 municipality in which the emergency medical services were provided,
78 with each such municipality grouped according to urban, suburban
79 and rural classifications.

80 (C) If any licensed ambulance service, certified ambulance service or
81 paramedic intercept service does not submit the [information] data
82 required under subparagraph (A) of this subdivision for a period of six

83 consecutive months, or if the commissioner believes that such licensed
84 ambulance service, certified ambulance service or paramedic intercept
85 service knowingly or intentionally submitted incomplete or false
86 [information] data, the commissioner shall issue a written order
87 directing such licensed ambulance service, certified ambulance service
88 or paramedic intercept service to comply with the provisions of
89 subparagraph (A) of this subdivision and submit all missing
90 [information] data or such corrected [information] data as the
91 commissioner may require. If such licensed ambulance service,
92 certified ambulance service or paramedic intercept service fails to fully
93 comply with such order not later than three months from the date such
94 order is issued, the commissioner (i) shall conduct a hearing, in
95 accordance with chapter 54, at which such licensed ambulance service,
96 certified ambulance service or paramedic intercept service shall be
97 required to show cause why the primary service area assignment of
98 such licensed ambulance service, certified ambulance service or
99 paramedic intercept service should not be revoked, and (ii) may take
100 such disciplinary action under section 19a-17 as the commissioner
101 deems appropriate.

102 (D) The commissioner shall collect the [information] data required
103 by subparagraph (A) of this subdivision, in the manner provided in
104 said subparagraph, from [each person or] each emergency medical
105 service organization licensed or certified [under section 19a-180 that
106 provides emergency medical services] pursuant to chapter 386d. Any
107 such emergency medical service organization that fails to comply with
108 the provisions of this section shall be liable for a civil penalty not to
109 exceed one hundred dollars per day for each failure to report the
110 required data regarding emergency medical services provided to a
111 patient, as determined by the commissioner. The civil penalties set
112 forth in this subparagraph shall be assessed only after the department
113 provides a written notice of deficiency and the organization is afforded
114 the opportunity to respond to such notice. An organization shall have
115 not more than fifteen business days after the date of receiving such
116 notice to provide a written response to the department. The
117 commissioner may adopt regulations, in accordance with chapter 54,

118 concerning the development, implementation, monitoring and
119 collection of emergency medical service system data. All state agencies
120 licensed or certified as emergency medical service organizations shall
121 be exempt from the civil penalties set forth in this subparagraph;

122 Sec. 3. Section 19a-175 of the general statutes is repealed and the
123 following is substituted in lieu thereof (*Effective October 1, 2015*):

124 As used in this chapter, unless the context otherwise requires:

125 (1) "Emergency medical service system" means a system which
126 provides for the arrangement of personnel, facilities and equipment for
127 the efficient, effective and coordinated delivery of health care services
128 under emergency conditions;

129 (2) "Patient" means an injured, ill, crippled or physically
130 handicapped person requiring assistance and transportation;

131 (3) "Ambulance" means a motor vehicle specifically designed to
132 carry patients;

133 (4) "Ambulance service" means an organization which transports
134 patients;

135 (5) "Emergency medical technician" means a person who is certified
136 pursuant to [this] chapter 384d;

137 (6) "Ambulance driver" means a person whose primary function is
138 driving an ambulance;

139 (7) "Emergency medical services instructor" means a person who is
140 certified pursuant to [this] chapter 384d;

141 (8) "Communications facility" means any facility housing the
142 personnel and equipment for handling the emergency communications
143 needs of a particular geographic area;

144 (9) "Life saving equipment" means equipment used by emergency
145 medical personnel for the stabilization and treatment of patients;

146 (10) "Emergency medical service organization" means any
147 organization whether public, private or voluntary that offers
148 transportation or treatment services to patients primarily under
149 emergency conditions;

150 (11) "Invalid coach" means a vehicle used exclusively for the
151 transportation of nonambulatory patients, who are not confined to
152 stretchers, to or from either a medical facility or the patient's home in
153 nonemergency situations or utilized in emergency situations as a
154 backup vehicle when insufficient emergency vehicles exist;

155 (12) "Rescue service" means any organization, whether for-profit or
156 nonprofit, whose primary purpose is to search for persons who have
157 become lost or to render emergency service to persons who are in
158 dangerous or perilous circumstances;

159 (13) "Provider" means any person, corporation or organization,
160 whether profit or nonprofit, whose primary purpose is to deliver
161 medical care or services, including such related medical care services
162 as ambulance transportation;

163 (14) "Commissioner" means the Commissioner of Public Health;

164 (15) "Paramedic" means a person licensed pursuant to [section 20-
165 206ll] chapter 384d;

166 (16) "Commercial ambulance service" means an ambulance service
167 which primarily operates for profit;

168 (17) "Licensed ambulance service" means a commercial ambulance
169 service or a volunteer or municipal ambulance service issued a license
170 by the commissioner;

171 (18) "Certified ambulance service" means a municipal, volunteer or
172 nonprofit ambulance service issued a certificate by the commissioner;

173 (19) "Automatic external defibrillator" means a device that: (A) Is
174 used to administer an electric shock through the chest wall to the heart;

175 (B) contains internal decision-making electronics, microcomputers or
176 special software that allows it to interpret physiologic signals, make
177 medical diagnosis and, if necessary, apply therapy; (C) guides the user
178 through the process of using the device by audible or visual prompts;
179 and (D) does not require the user to employ any discretion or
180 judgment in its use;

181 (20) "Mutual aid call" means a call for emergency medical services
182 that, pursuant to the terms of a written agreement, is responded to by a
183 secondary or alternate emergency medical services provider if the
184 primary or designated emergency medical services provider is unable
185 to respond because such primary or designated provider is responding
186 to another call for emergency medical services or the ambulance or
187 nontransport emergency vehicle operated by such primary or
188 designated provider is out of service. For purposes of this subdivision,
189 "nontransport emergency vehicle" means a vehicle used by emergency
190 medical technicians or paramedics in responding to emergency calls
191 that is not used to carry patients;

192 (21) "Municipality" means the legislative body of a municipality or
193 the board of selectmen in the case of a municipality in which the
194 legislative body is a town meeting;

195 (22) "Primary service area" means a specific geographic area to
196 which one designated emergency medical services provider is
197 assigned for each category of emergency medical response services;

198 (23) "Primary service area responder" means an emergency medical
199 services provider who is designated to respond to a victim of sudden
200 illness or injury in a primary service area;

201 (24) "Interfacility critical care transport" means the interfacility
202 transport of a patient between licensed health care institutions;

203 (25) "Advanced emergency medical technician" means an individual
204 who is certified as an advanced emergency medical technician [by the
205 Department of Public Health] pursuant to chapter 384d;

206 (26) "Emergency medical responder" means an individual who is
207 certified pursuant to [this] chapter 384d;

208 (27) "Medical oversight" means the active surveillance by physicians
209 of the provision of emergency medical services sufficient for the
210 assessment of overall emergency medical service practice levels, as
211 defined by state-wide protocols;

212 (28) "Office of Emergency Medical Services" means the office
213 established within the Department of Public Health pursuant to
214 section 19a-178;

215 (29) "Sponsor hospital" means a hospital that has agreed to maintain
216 staff for the provision of medical oversight, supervision and direction
217 to an emergency medical service organization and its personnel and
218 has been approved for such activity by the Department of Public
219 Health; and

220 (30) "Paramedic intercept service" means paramedic treatment
221 services provided by an entity that does not provide the ground
222 ambulance transport.

223 Sec. 4. Subsection (a) of section 19a-197a of the general statutes is
224 repealed and the following is substituted in lieu thereof (*Effective*
225 *October 1, 2015*):

226 (a) As used in this section, "emergency medical technician" means
227 (1) any class of emergency medical technician certified under
228 regulations adopted pursuant to section [19a-179] 20-206oo, as
229 amended by this act, including, but not limited to, any advanced
230 emergency medical technician, and (2) any paramedic licensed
231 pursuant to section 20-206ll, as amended by this act.

232 Sec. 5. Section 20-206jj of the general statutes is repealed and the
233 following is substituted in lieu thereof (*Effective October 1, 2015*):

234 As used in sections 20-206jj to 20-206oo, inclusive, as amended by
235 this act: ["paramedicine"]

236 (1) "Advanced emergency medical technician" means an individual
237 who is certified as an advanced emergency medical technician by the
238 Department of Public Health;

239 (2) "Commissioner" means the Commissioner of Public Health;

240 (3) "Emergency medical services instructor" means a person who is
241 certified under the provisions of section 20-206ll, as amended by this
242 act, or 20-206mm, as amended by this act, by the Department of Public
243 Health to teach courses, the completion of which is required in order to
244 become an emergency medical technician;

245 (4) "Emergency medical responder" means an individual who is
246 certified to practice as an emergency medical responder under the
247 provisions of section 20-206ll, as amended by this act, or 20-206mm, as
248 amended by this act;

249 (5) "Emergency medical services personnel" means an individual
250 certified to practice as an emergency medical responder, emergency
251 medical technician, advanced emergency medical technician,
252 emergency medical services instructor or an individual licensed as a
253 paramedic;

254 (6) "Emergency medical technician" means a person who is certified
255 to practice as an emergency medical technician under the provisions of
256 section 20-206ll, as amended by this act, or 20-206mm, as amended by
257 this act;

258 (7) "Office of Emergency Medical Services" means the office
259 established within the Department of Public Health pursuant to
260 section 19a-178;

261 (8) "Paramedicine" means the carrying out of [(1)] (A) all phases of
262 cardiopulmonary resuscitation and defibrillation, [(2)] (B) the
263 administration of drugs and intravenous solutions under written or
264 oral authorization from a licensed physician, and [(3)] (C) the
265 administration of controlled substances, as defined in section 21a-240,
266 in accordance with written protocols or standing orders of a licensed

267 physician; [.] and

268 (9) "Paramedic" means a person licensed to practice as a paramedic
269 under the provisions of section 20-206ll, as amended by this act.

270 Sec. 6. Section 20-206kk of the general statutes is repealed and the
271 following is substituted in lieu thereof (*Effective October 1, 2015*):

272 (a) Except as provided in subsection (c) of this section, no person
273 shall practice paramedicine unless licensed as a paramedic pursuant to
274 section 20-206ll, as amended by this act, or 20-206mm, as amended by
275 this act.

276 (b) No person shall use the title "paramedic", "emergency medical
277 responder", "emergency medical technician", "advanced emergency
278 medical technician" or "emergency medical services instructor" or
279 make use of any title, words, letters or abbreviations that may
280 reasonably be confused with licensure as a paramedic or certification
281 as an emergency medical responder, emergency medical technician,
282 advanced emergency medical technician, or emergency medical
283 services instructor unless licensed or certified pursuant to section 20-
284 206ll, as amended by this act, or 20-206mm, as amended by this act.

285 (c) No license as a paramedic or certificate as an emergency medical
286 responder, emergency medical technician, advanced emergency
287 medical technician or emergency medical services instructor shall be
288 required of (1) a person performing services within the scope of
289 practice for which he is licensed or certified by any agency of this state,
290 or (2) a student, intern or trainee pursuing a course of study in
291 [paramedicine] emergency medical services in an accredited institution
292 of education or within an emergency medical services program
293 approved by the commissioner, [as defined in section 19a-175,]
294 provided the activities that would otherwise require a license or
295 certificate as [a paramedic] an emergency medical services provider
296 are performed under supervision and constitute a part of a supervised
297 course of study.

298 (d) Paramedics who are currently licensed by a state that maintains
299 licensing requirements equal to or higher than those in this state shall
300 be eligible for licensure as a paramedic in this state.

301 Sec. 7. Section 20-206ll of the general statutes is repealed and the
302 following is substituted in lieu thereof (*Effective October 1, 2015*):

303 (a) The commissioner [, as defined in section 19a-175,] shall issue a
304 license as a paramedic to any applicant who furnishes evidence
305 satisfactory to the commissioner that the applicant has met the
306 requirements of section 20-206mm, as amended by this act. The
307 commissioner shall develop and provide application forms. The
308 application fee shall be one hundred fifty dollars.

309 [(b)] The license may be renewed annually pursuant to section 19a-
310 88 for a fee of one hundred fifty dollars.

311 (b) The commissioner shall issue a certification as an emergency
312 medical technician, emergency medical services instructor, emergency
313 medical responder or advanced emergency medical technician to any
314 applicant who furnishes evidence satisfactory to the commissioner that
315 the applicant has met the requirements of section 20-206mm, as
316 amended by this act.

317 Sec. 8. Section 20-206mm of the general statutes is repealed and the
318 following is substituted in lieu thereof (*Effective October 1, 2015*):

319 (a) Except as provided in subsections (b) and (c) of this section, an
320 applicant for a license as a paramedic shall submit evidence
321 satisfactory to the Commissioner of Public Health that the applicant
322 has successfully (1) completed a paramedic training program
323 approved by the commissioner, and (2) passed an examination
324 prescribed by the commissioner.

325 (b) An applicant for licensure by endorsement shall present
326 evidence satisfactory to the commissioner that the applicant (1) is
327 licensed or certified as a paramedic in another state or jurisdiction
328 whose requirements for practicing in such capacity are substantially

329 similar to or higher than those of this state and that the applicant has
330 no pending disciplinary action or unresolved complaint against him or
331 her, or (2) (A) is currently licensed or certified as a paramedic in good
332 standing in any New England state, New York or New Jersey, (B) has
333 completed an initial training program consistent with the National
334 Emergency Medical Services Education Standards, as promulgated by
335 the National Highway Traffic Safety Administration for the paramedic
336 scope of practice model conducted by an organization offering a
337 program that is recognized by the national emergency medical services
338 program accrediting organization, and (C) has no pending disciplinary
339 action or unresolved complaint against him or her.

340 (c) Any person who is certified as an emergency medical technician-
341 paramedic by the Department of Public Health on October 1, 1997,
342 shall be deemed a licensed paramedic. Any person so deemed shall
343 renew his license pursuant to section 19a-88 for a fee of one hundred
344 fifty dollars.

345 (d) The commissioner may issue an emergency medical technician
346 certificate, [or] emergency medical responder certificate or advanced
347 emergency medical technician certificate to an applicant who presents
348 evidence satisfactory to the commissioner that the applicant (1) is
349 currently certified as an emergency medical technician, [or] emergency
350 medical responder, or advanced emergency medical technician in good
351 standing in any New England state, New York or New Jersey, (2) has
352 completed an initial training program consistent with the National
353 Emergency Medical Services Education Standards, as promulgated by
354 the National Highway Traffic Safety Administration for the emergency
355 medical technician, [or] emergency medical responder curriculum, or
356 advanced emergency medical technician, and (3) has no pending
357 disciplinary action or unresolved complaint against him or her.

358 (e) An emergency medical responder, emergency medical
359 technician, advanced emergency medical technician or emergency
360 medical services instructor shall be recertified every three years. For
361 the purpose of maintaining an acceptable level of proficiency, each

362 emergency medical technician who is recertified for a three-year
363 period shall complete thirty hours of refresher training approved by
364 the commissioner or meet such other requirements as may be
365 prescribed by the commissioner. The refresher training or other
366 requirements shall include, but not be limited to, training in
367 Alzheimer's disease and dementia symptoms and care.

368 [(e)] (f) The commissioner may issue a temporary emergency
369 medical technician certificate to an applicant who presents evidence
370 satisfactory to the commissioner that (1) the applicant was certified by
371 the department as an emergency medical technician prior to becoming
372 licensed as a paramedic pursuant to section 20-206ll, as amended by
373 this act, or (2) the applicant's certification as an emergency medical
374 technician has expired and the applicant's license as a paramedic has
375 become void pursuant to section 19a-88. Such temporary certificate
376 shall be valid for a period not to exceed one year and shall not be
377 renewable.

378 [(f)] (g) An applicant who is issued a temporary emergency medical
379 technician certificate pursuant to subsection [(e)] (f) of this section may,
380 prior to the expiration of such temporary certificate, apply to the
381 department for: (1) Renewal of such person's paramedic license, giving
382 such person's name in full, such person's residence and business
383 address and such other information as the department requests,
384 provided the application for license renewal is accompanied by
385 evidence satisfactory to the commissioner that the applicant was under
386 the medical oversight of a sponsor hospital, as those terms are defined
387 in section 19a-175, as amended by this act, on the date the applicant's
388 paramedic license became void for nonrenewal; or (2) recertification as
389 an emergency medical technician, provided the application for
390 recertification is accompanied by evidence satisfactory to the
391 commissioner that the applicant completed emergency medical
392 technician refresher training approved by the commissioner not later
393 than one year after issuance of the temporary emergency medical
394 technician certificate. The department shall recertify such person as an
395 emergency medical technician without the examination required for

396 initial certification specified in regulations adopted by the
397 commissioner pursuant to section 20-206oo, as amended by this act.

398 [(g)] (h) The commissioner may issue an emergency medical
399 responder, emergency medical technician or advanced emergency
400 medical technician certificate to an applicant for certification by
401 endorsement who presents evidence satisfactory to the commissioner
402 that the applicant (1) is currently certified as an emergency medical
403 responder, emergency medical technician or advanced emergency
404 medical technician in good standing by a state that maintains licensing
405 requirements that the commissioner determines are equal to, or greater
406 than, those in this state, (2) has completed an initial department-
407 approved emergency medical responder, emergency medical
408 technician or advanced emergency medical technician training
409 program that includes written and practical examinations at the
410 completion of the course, or a program outside the state that adheres
411 to national education standards for the emergency medical responder,
412 emergency medical technician or advanced emergency medical
413 technician scope of practice and that includes an examination, and (3)
414 has no pending disciplinary action or unresolved complaint against
415 him or her.

416 [(h)] (i) The commissioner may issue an emergency medical services
417 instructor certificate to an applicant who presents (1) evidence
418 satisfactory to the commissioner that the applicant is currently certified
419 as an emergency medical technician in good standing, (2)
420 documentation satisfactory to the commissioner, with reference to
421 national education standards, regarding qualifications as an
422 emergency medical service instructor, (3) a letter of endorsement
423 signed by two instructors holding current emergency medical service
424 instructor certification, (4) documentation of having completed written
425 and practical examinations as prescribed by the commissioner, and (5)
426 evidence satisfactory to the commissioner that the applicant has no
427 pending disciplinary action or unresolved complaints against him or
428 her.

429 (j) Any person certified as an emergency medical responder,
430 emergency medical technician, advanced emergency medical
431 technician or emergency medical services instructor pursuant to this
432 chapter and the regulations adopted pursuant to section 20-20600, as
433 amended by this act, whose certification has expired may apply to the
434 Department of Public Health for reinstatement of such certification as
435 follows: (1) If such certification expired one year or less from the date
436 of the application for reinstatement, such person shall complete the
437 requirements for recertification specified in regulations adopted
438 pursuant to section 20-20600, as amended by this act; (2) if such
439 recertification expired more than one year but less than three years
440 from the date of application for reinstatement, such person shall
441 complete the training required for recertification and the examination
442 required for initial certification specified in regulations adopted
443 pursuant to section 20-20600, as amended by this act; or (3) if such
444 certification expired three or more years from the date of application
445 for reinstatement, such person shall complete the requirements for
446 initial certification set forth in this section. Any certificate issued
447 pursuant to this section shall remain valid for ninety days after the
448 expiration date of such certificate and become void upon the
449 expiration of such ninety-day period.

450 [(i)] (k) The Commissioner of Public Health shall issue an
451 emergency medical technician certification to an applicant who is a
452 member of the armed forces or the National Guard or a veteran and
453 who (1) presents evidence satisfactory to the commissioner that such
454 applicant holds a current certification as a person entitled to perform
455 similar services under a different designation by the National Registry
456 of Emergency Medical Technicians, or (2) satisfies the regulations
457 promulgated pursuant to subdivision (4) of subsection (a) of section
458 19a-179. Such applicant shall be exempt from any written or practical
459 examination requirement for certification.

460 [(j)] (l) For the purposes of this section, "veteran" means any person
461 who was discharged or released under conditions other than
462 dishonorable from active service in the armed forces and "armed

463 forces" has the same meaning as provided in section 27-103.

464 Sec. 9. Section 20-206nn of the general statutes is repealed and the
465 following is substituted in lieu thereof (*Effective October 1, 2015*):

466 The Commissioner of Public Health may take any disciplinary
467 action set forth in section 19a-17 against a paramedic, emergency
468 medical technician, emergency medical responder, advanced
469 emergency medical technician or emergency medical services
470 instructor for any of the following reasons: (1) Failure to conform to
471 the accepted standards of the profession; (2) conviction of a felony, in
472 accordance with the provisions of section 46a-80; (3) fraud or deceit in
473 obtaining or seeking reinstatement of a license to practice
474 paramedicine or a certificate to practice as an emergency medical
475 technician, emergency medical responder, advanced emergency
476 medical technician or emergency medical services instructor; (4) fraud
477 or deceit in the practice of paramedicine, the provision of emergency
478 medical services or the provision of emergency medical services
479 education; (5) negligent, incompetent or wrongful conduct in
480 professional activities; (6) physical, mental or emotional illness or
481 disorder resulting in an inability to conform to the accepted standards
482 of the profession; (7) alcohol or substance abuse; or (8) wilful
483 falsification of entries in any hospital, patient or other health record.
484 The commissioner may take any such disciplinary action against [a
485 paramedic] emergency medical services personnel for violation of any
486 provision of section [20-206jj] 20-206mm, as amended by this act, or
487 any regulations adopted pursuant to section 20-206oo, as amended by
488 this act. The commissioner may order a license or certificate holder to
489 submit to a reasonable physical or mental examination if his or her
490 physical or mental capacity to practice safely is the subject of an
491 investigation. The commissioner may petition the superior court for
492 the judicial district of Hartford to enforce such order or any action
493 taken pursuant to section 19a-17. The commissioner shall give notice
494 and an opportunity to be heard on any contemplated action under said
495 section 19a-17.

496 Sec. 10. Section 20-206oo of the general statutes is repealed and the
497 following is substituted in lieu thereof (*Effective October 1, 2015*):

498 (a) The Commissioner of Public Health may adopt regulations in
499 accordance with the provisions of chapter 54 to carry out the
500 provisions of subdivision (24) of subsection (c) of section 19a-14,
501 subsection (e) of section 19a-88, [subdivision (15) of section 19a-175,]
502 subsection (b) of section 20-9, subsection (c) of section 20-195c, sections
503 20-195aa to 20-195ff, inclusive, and sections 20-206jj to 20-206oo,
504 inclusive, as amended by this act.

505 (b) The commissioner may adopt regulations in accordance with the
506 provisions of chapter 54 to (1) provide for state-wide standardization
507 of certification for each class of emergency medical services personnel,
508 including, but not limited to, (A) emergency medical technicians, (B)
509 emergency medical services instructors, (C) emergency medical
510 responders, and (D) advanced emergency medical technicians, (2)
511 allow course work for such certification to be taken state-wide, and (3)
512 allow persons so certified to perform work within their scope of
513 certification state wide. Such regulations shall include methods and
514 conditions for the issuance, renewal and reinstatement of certification
515 or recertification of emergency medical technicians, emergency
516 medical services instructors, emergency medical responders and
517 advanced emergency medical technicians.

518 Sec. 11. Section 19a-179a of the general statutes is repealed and the
519 following is substituted in lieu thereof (*Effective October 1, 2015*):

520 [(a)] Notwithstanding any provision of the general statutes or any
521 regulation adopted pursuant to this chapter, the scope of practice of
522 any person certified or licensed as an emergency medical responder,
523 emergency medical technician, advanced emergency medical
524 technician, emergency medical services instructor or a paramedic
525 under regulations adopted pursuant to this section may include
526 treatment modalities not specified in the regulations of Connecticut
527 state agencies, provided such treatment modalities are (1) approved by
528 the Connecticut Emergency Medical Services Medical Advisory

529 Committee established pursuant to section 19a-178a and the
530 Commissioner of Public Health, and (2) administered at the medical
531 oversight and direction of a sponsor hospital.

532 [(b) The Commissioner of Public Health shall adopt regulations, in
533 accordance with chapter 54, concerning the methods and conditions
534 for the issuance, renewal and reinstatement of licensure and
535 certification or recertification of emergency medical responders,
536 emergency medical technicians and emergency medical services
537 instructors.]

538 Sec. 12. Subdivision (1) of subsection (a) of section 19a-88b of the
539 general statutes is repealed and the following is substituted in lieu
540 thereof (*Effective October 1, 2015*):

541 (a) (1) Notwithstanding section 19a-14 or any other provision of the
542 general statutes relating to continuing education or refresher training,
543 the Department of Public Health shall renew a license, certificate,
544 permit or registration issued to an individual pursuant to chapters
545 368d, 368v, 371 to 378, inclusive, 379a to 388, inclusive, 393a, 395, 398,
546 399, 400a and 400c that becomes void pursuant to section 19a-88 [or
547 19a-195b] while the holder of the license, certificate, permit or
548 registration is on active duty in the armed forces of the United States,
549 or such holder is a member of the National Guard ordered out by the
550 Governor for military service, not later than one year from the date of
551 discharge from active duty or ordered military service, upon
552 completion of any continuing education or refresher training required
553 to renew a license, certificate, registration or permit that has not
554 become void pursuant to section 19a-88. [or 19a-195b.] A licensee
555 applying for license renewal pursuant to this subdivision shall submit
556 an application on a form prescribed by the department and other such
557 documentation as may be required by the department.

558 Sec. 13. Sections 19a-195a and 19a-195b of the general statutes are
559 repealed. (*Effective October 1, 2015*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2015	New section
Sec. 2	October 1, 2015	19a-177(8)
Sec. 3	October 1, 2015	19a-175
Sec. 4	October 1, 2015	19a-197a(a)
Sec. 5	October 1, 2015	20-206jj
Sec. 6	October 1, 2015	20-206kk
Sec. 7	October 1, 2015	20-206ll
Sec. 8	October 1, 2015	20-206mm
Sec. 9	October 1, 2015	20-206nn
Sec. 10	October 1, 2015	20-206oo
Sec. 11	October 1, 2015	19a-179a
Sec. 12	October 1, 2015	19a-88b(a)(1)
Sec. 13	October 1, 2015	Repealer section

Statement of Legislative Commissioners:

In Section 2, "information" was changed to "data" throughout for consistency with other provisions of the subdivision, and in Section 10(b), the words "licensure and" were deleted for accuracy.

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill, which makes various clarifying, technical and conforming changes, has no fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sSB 999*****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING EMERGENCY MEDICAL
SERVICES.*****SUMMARY:**

This bill makes various changes to the emergency medical services (EMS) laws, including emergency scene responsibilities, data reporting requirements, and credentialing. Among other things, the bill:

1. establishes a hierarchy for determining which EMS provider is responsible for making patient care decisions at the scene of an emergency call, giving decision-making authority to the provider holding the highest classification of licensure or certification;
2. specifies that these provisions do not limit the authority of the fire officer-in-charge to control and direct emergency activities at the scene;
3. establishes a \$100 per day civil penalty for an EMS organization's failure to report data as required, in addition to existing penalties;
4. allows the public health (DPH) commissioner to adopt regulations on the EMS data collection system; and
5. specifies certain exemptions from EMS provider certification, extending an existing exemption from paramedic licensure.

The bill also makes many minor, technical, and conforming changes, including to EMS credentialing statutes.

EFFECTIVE DATE: October 1, 2015

§ 1 – PATIENT CARE DECISIONS AT EMERGENCY SCENES

The bill establishes a process for determining which EMS provider is responsible for making patient care decisions at the scene of an emergency call. Under the bill:

1. the EMS provider holding the highest classification of DPH licensure or certification makes the decisions;
2. if multiple providers hold the same licensure or certification, the provider for the primary service area responder makes the decisions; and
3. if all providers on the scene are emergency medical technicians (EMTs) or emergency medical responders (EMRs), the EMS organization providing transportation services makes the decisions.

The bill requires the provider with decision-making responsibility to transfer patient care if a provider with a higher licensure or certification arrives. All providers must ensure that the transfer occurs in a timely and orderly manner.

The bill specifies that these provisions do not limit the existing authority of the fire chief or fire officer-in-charge to control and direct emergency activities at the scene. By law, these officials have this authority when their fire department is responding to a fire, service call, or other emergency in their town (CGS § 7-313e).

By law, DPH certifies or licenses the following categories of EMS personnel, in ascending order of educational requirements: (1) EMRs, (2) EMTs, (3) advanced EMTs (AEMTs), and (4) paramedics (the only licensed category). The department also certifies EMS instructors.

§ 2 – EMS DATA REPORTING**Scope**

By law, the DPH commissioner must develop an EMS data collection system. The bill (1) eliminates her specific authority to

expand the data collection to include, within available appropriations, clinical treatment and patient outcome data, but (2) specifies that the law's list of reportable data is non-exclusive. Existing law requires EMS organizations to report on the (1) number of 9-1-1 calls they receive; (2) level of EMS required for each call; (3) response time; (4) number of passed, cancelled, and mutual aid calls; and (5) prehospital data for unscheduled patient transport.

Civil Penalty

Under the bill, an EMS organization, other than one operated by a state agency, that fails to report as required is liable for a civil penalty of up to \$100 per day. DPH can assess these penalties only after giving the organization written notice of the deficiency and an opportunity to respond. The organization must respond to the notice, in writing, within 15 business days.

Existing law requires the commissioner to issue a written order directing compliance if (1) an ambulance service or paramedic intercept service does not submit data for six consecutive months or (2) she believes the service knowingly or intentionally submitted incomplete or false data. If the service does not fully comply with the order within three months, the commissioner (1) must hold a hearing at which the service must show cause why its primary service area assignment should not be revoked and (2) can take several disciplinary actions (e.g., license revocation or suspension, censure, civil penalties).

Regulations

The bill allows the commissioner to adopt regulations on the development, implementation, monitoring, and collection of EMS system data.

§§ 3-13 – EMS LICENSING AND CERTIFICATION

§ 6 – Use of Title

The bill specifically prohibits anyone who is not certified from using the titles of “emergency medical responder,” “emergency medical technician,” “advanced emergency medical technician,” or

“emergency medical services instructor,” or using other words or abbreviations that may be confused with these certifications. (There is a similar provision in existing regulations, except for instructors.)

By law, these restrictions already apply to use of “paramedic” or similar titles by someone not licensed as a paramedic.

§ 6 – Exemptions

Under the bill, certification as an EMR, EMT, AEMT, or EMS instructor is not required of:

1. any state-licensed or -certified person performing services within his or her scope of practice or
2. a student, intern, or trainee studying EMS at an accredited institution or DPH-approved program, as long as the activities otherwise requiring certification are supervised and part of a supervised course of study.

These exemptions already apply for paramedic licensure.

§§ 7-8 & 10 – Certification and Recertification

The bill specifically requires the DPH commissioner to issue a certification as an EMT, EMS instructor, EMR, or AEMT to an applicant who meets the certification requirements.

It requires AEMTs, EMRs, and EMS instructors to be recertified every three years. This already applies for EMTs.

The bill allows, rather than requires, the commissioner to adopt regulations to (1) provide for statewide standardization of certification for each class of EMS personnel, (2) allow certification course work to be taken statewide, and (3) allow certified people to perform work within their scope of certification statewide.

§ 8 – Applicants Certified in Other States

As is already the case with EMTs, EMRs, and paramedics, the bill allows the DPH commissioner to issue an AEMT certification to an

applicant who presents satisfactory evidence that he or she:

1. is currently certified in good standing in any New England state, New York, or New Jersey;
2. has completed an initial training program consistent with federal standards; and
3. has no pending disciplinary action or unresolved complaints.

As is already the case with EMRs, the bill also allows the commissioner to issue an EMT or AEMT certificate to an applicant who presents satisfactory evidence that he or she:

1. is currently certified in good standing by a state with licensing requirements that are at least equal to Connecticut's,
2. completed (a) an initial DPH-approved training program with a written and practical examination or (b) a program outside the state that adheres to national education standards and includes an exam, and
3. has no pending disciplinary action or unresolved complaints.

§ 9 – Disciplinary Action

Existing law lists several grounds on which DPH may discipline EMS personnel. For paramedics, these grounds also currently include violations of the paramedic laws or regulations. The bill instead provides that DPH may discipline all EMS personnel for violations of licensure or certification provisions and regulations.

By law, other permissible grounds for discipline include such things as (1) failure to conform to standards of the profession, (2) felony convictions, and (3) substance abuse.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 27 Nay 0 (03/27/2015)